

REQUEST TO USE VIDEO TELECONFERENCING SYSTEM

1. **Date:** _____
2. **Request by:** _____
Firm Name/e-mail: _____ **Phone:** _____
3. **Request for:**
1st Choice: **Date** _____ **Time** _____ **Est. Conference Length:** _____
2nd Choice: **Date** _____ **Time** _____ **Est. Conference Length:** _____
4. **Video conference participants (check all that apply):**
CCA _____ **Tucson** _____ **Yuma** _____
5. **Name of Defendant:** _____
6. **USM/Register No:** _____

***REQUESTS MUST BE MADE AT LEAST FIVE WORKING DAYS IN ADVANCE.
MINIMUM 24-HOUR CANCELLATION NOTICE REQUIRED. RESERVATIONS
SUBJECT TO CHANGE BASED ON THE COURT'S SCHEDULE***

E-mail requests to: Beth_Stephenson@azd.uscourts.gov

CONFIRMATION:

Date: _____

Requestor: _____

Re: _____

Scheduled for: _____

Time: _____ By: _____

At: _____